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S. WARREN AUG 0 3 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	ect: <u>Pien</u>	Name of Limi	Luce + Crienta'	1 Medicine LLC
The ei	nclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please	e return all correspon	dence concerning this matter	to the following:	
		Rebecce	Name of Person	<del></del>
			Firm/Company	
		2211 Gre	en Nay S. Address	
		St. Peters	OLUTO, FL 33 City/State and Zip Code	712
		Peloecca, Chic E-mail address: (1	o be used for future annual report notific	ration)
For fu	irther information co	ncerning this matter, please ca	Н:	
	<u>Revecca</u> Name of	- Chi CCO Person	at (727) 504 Area Code Daytime	- 0 22C Telephone Number
Enclos	sed is a check for the	following amount:		
□ \$1	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Acupy tule & Oriental Medicine
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 72717	and assigned
Florida document number L 17-000160941.	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Tradigo Acupuncture + U The new name must budstinguishable and contain the words "Limited Liabili	JENVIESS LLC ty Company," the designation "LLC" or the ab	breviation "L.1,,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or:	amilia <del>r with and</del> if this <del>do</del> cument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u></u>	Add
		<u></u>	Remove
			□ Change
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			□ Remove
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an effective date is listed, the da	ate must be specific	and cannot be prior to date	e of filing or more than 90 day	ys after filing.) Pursua	ant to 605.020
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	Signature	of a member of authorized	representative of a member	<u></u>	· <del></del>
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		of a member of authorized  CCC  Typed or printed nam	·	<u> </u>	<u>- ଜୁଲ</u> ଜୁଲ

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Page 3 of 3

Filing Fee: \$25.00